

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000062635

Entity Name: TSI WIRELESS, LLC

**FILED**  
**Oct 17, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1215 W NEWPORT CENTER DR  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

1215 W NEWPORT CENTER DR  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 47-0956803      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCHILLINGER, LEE H  
4601 SHERIDAN STREET  
SUITE 202  
HOLLYWOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LEE SCHILLINGER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANZ HOLDINGS, INC.,  
Address: 22132 CRESMONT PLACE  
City-St-Zip: BOCA RATON, FL 33428

Title: MGR ( ) Delete  
Name: ALI, MANSOOR  
Address: 5347 NW 99 LANE  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANSOOR ALI

COO

10/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date